UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.9
8 March 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Chad

The Executive Director recommends that the Executive Board approve an amount of $7,500,000 from general resources, subject to the availability of funds, and an amount of $22,317,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Chad for the period 1990 to 1994.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. A land-locked country with a limited resource base and an environment marked by steady desertification, Chad is among the least developed countries of the world. In 1987, per capita gross national product (GNP) was estimated at $150. With about 70 per cent of the population living in rural areas and an economy almost totally dependent on cotton, the country's recent socio-economic progress has been hampered by recurrent drought, protracted war and the 1985 drop in the world price of cotton. Those factors have combined with structural features of underdevelopment to create an economy characterized by a chronic deficit in balance of payments, a heavy dependence on foreign aid and a growing debt problem.

2. Women and children - the majority of Chad's estimated population of 5.5 million - must struggle for their survival and development. Although reliable social statistics of all kinds are lacking, average life expectancy at birth is estimated at 46 years. According to government estimates, the infant mortality rate (IMR) is 200 per 1,000 live births; the United Nations Population Division estimates are much lower at 134 per 1,000 live births.

3. Major health problems for children 0 to 4 years old include diarrhoea, acute respiratory infections (ARI) and fever, which are symptomatic of a broad range of parasitic and other diseases, such as malaria, that attack an estimated 60 per cent of the population. The incidence of transmissible diseases targeted for vaccination is unknown. Diarrhoea is the number one cause for medical consultations, and represents 22 per cent of new cases for children 0 to 11 months old and 16 per cent for children 1 to 4 years old. Especially virulent in the dry season when water sources are rare, it is accompanied by dehydration in 9 per cent of cases, and was cited by mothers in a survey as the primary cause of child death, followed by measles. Malnutrition is also a problem, linked to chronic or seasonal vitamin deficiencies and to poor weaning practices.

4. Women's health problems are closely linked to their reproductive roles or to traditional practices, and are estimated to affect nearly one third of the female population. The maternal mortality rate (MMR) for the country as a whole is very high. Over the last three years, at the Central Hospital of N'Djamena, MMR has been 800 per 100,000 live births, and it appears to be rising.

5. Health structures and services are sadly deficient in quantity and quality and are unevenly distributed among the population. On average, one hospital or medical centre with beds is supposed to serve 175,096 people. Qualified personnel are in short supply, with only 138 doctors for the entire country, and more than half of them (73) work in N'Djamena, the capital. Almost one half of the public sector health personnel have no formal training, leading to faulty diagnoses and treatments of health problems.

6. The health situation of the population is rendered even more precarious by lack of access to clean water and by unsanitary living conditions in general. Sanitation services are rudimentary at best throughout the country and non-existent in most rural areas. In the cities, the situation is especially dangerous during

the rainy season, when sewage ditches overflow, pools of stagnant water breed disease and underground water sources become polluted. In 1985, only 16 per cent of rural dwellers and 30 per cent of urban dwellers had access to clean water.

7. Education levels are very low. Illiteracy is estimated at 60 per cent overall and as high as 90 per cent among women. This is a logical outcome of weaknesses in the formal education system, characterized by insufficient infrastructure, lack of trained personnel, lack of materials and methods of instruction ill-suited to the needs of the country. In 1987, 40 per cent of primary-level teachers were untrained local volunteers who had been selected by parents to fill the teaching gap during the civil war. The pupil/teacher ratio is 50-100 to 1, and there are as many as 86 pupils to a class-room. Secondary and university levels suffer the same deficiencies, and pre-school education reaches only an urban minority.

8. The school drop-out rate is very high. Only about 32 per cent of school-aged children were actually in school during the 1987-1988 year. There are sharp regional variations, as well as disparities between girls and boys. Only 19 per cent of school-aged girls attend school. They are discouraged from going to school by traditional cultural patterns such as early marriages, domestic work and parental preferences for educational investment in sons.

9. Government finances and fiscal administration are extremely weak. From 1983 to 1988, government officials received only 60 per cent of their salaries, and the recently initiated structural adjustment measures limit expenditures in the public domain still further. Consequently, the Government can provide few health and education services without major external aid. For the past few years, the investment budget has been totally financed from external sources. The problem of the limited financial base has been compounded by limited technical and institutional capacities, further hampering efforts to establish and maintain social service structures.

10. Despite these enormous constraints, there is potential for social and economic development. If internal and external peace is maintained, civic life can take up its normal rhythm. Institutions are being re-established, infrastructures are being rebuilt and a new Constitution ensures that Chad will remain a nation based on principles of law and social justice. The return of normal rainfall (1987-1988) has brightened prospects for agriculture and has brought the goal of national food security within reach.

11. Development goals and strategies in the plan for 1990-1994 stress increased productivity in all sectors and the ultimate goal of better living conditions. The importance of human resources is acknowledged, with an overhaul of the educational system foreseen to ensure a solid education for all. Health for all by the year 2000 is a goal, with development of primary health care (PHC) services a high priority. Moreover, local initiatives in community development are being encouraged. These conditions offer promise for the pursuit of actions to benefit the women and children of Chad.

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PROGRAMME CO-OPERATION, 1986-1989

12. The 1986-1989 programme of co-operation was a response to changing needs - a shift from emergency interventions to development support - with elements of the two often overlapping. Major inputs were intended to assist the rehabilitation and strengthening of institutional capacity, but attempts to limit the previous supply-oriented focus met with some difficulty.

13. Programming thrusts from mid-1986 reflected attempts to consolidate efforts by integrating small projects into large programmes or phasing them out altogether. Through a long, arduous and continual process of renegotiation, the area-based integrated basic services programme was developed. It implemented specific activities in health, water supply, food production, education and women's affairs in selected geographic areas. At the same time, national-level child survival and development (CSD) components were pursued.

14. Programme implementation encountered problems on all levels. However, significant progress was achieved in some areas, notably the expanded programme on immunization (EPI) and social mobilization.

Child survival

Nutrition

15. Following emergency interventions of nutritional activities and food distribution in the post-drought famine period, attempts were made to strengthen national capacity to monitor and respond to ongoing nutritional problems. Progress, however, has been limited. By 1986, UNICEF had completed the physical rehabilitation of the National Centre of Nutrition and Food Technology. Support was provided to the Ministry of Health for two of the Centre's activities: the development of health education material; and the establishment of a feeding programme in N'Djamena for children aged 0 to 5 years.

Expanded programme on immunization

16. EPI was begun at the national level. A special department was created, and a total of 623 people were trained in specific EPI activities, including planning, management and supervision. The threefold strategy that was adopted included fixed, mobile and accelerated efforts. Some 237 fixed health centres throughout the country were equipped for vaccination activities, including outreach to populations within a radius of 15 kilometres. The activities of the centres cover about 30 per cent of the country's population.

17. A total of 11 mobile teams was created and the personnel were trained to operate out of the fixed centres, covering an additional 10 per cent of the population. UNICEF supported mobile teams in two areas where the population is dispersed (Kanem and Batha), and continues to support the team in Batha in co-ordination with the non-governmental organization (NGO) InterAid.

18. In addition to those two strategies, an accelerated vaccination strategy was launched and, in 1987, the first vaccination campaign took place in N'Djamena with significant success: coverage for children under two years old was 64 per cent. This stimulated a national effort in 1989 which doubled national coverage. A second vaccination campaign in N'Djamena in 1989 has already registered considerable success, with 72 per cent of children vaccinated against measles after the first of three rounds.

19. The strong social mobilization component introduced into vaccination activities has ensured popular and political support at all levels. Drawing on different channels of communication in all sectors of society, this component has been an important factor in the success of the programme.

Oral rehydration therapy

20. UNICEF provided support for an oral rehydration therapy (ORT) programme sponsored by the United States Agency for International Development/Primary Health Care Technology Project and Africare. This was basically an educational programme for the entire country. In all, 125 trainers and 605 field personnel, including schoolteachers, were trained to cover 50 per cent of existing health and education structures. The number of people covered is not known, but an evaluation found the materials developed to be adequate. The programme succeeded in heightening awareness of the problem at the national level, paving the way for the development of a national control of diarrhoeal diseases (CDD) strategy.

Training of personnel

21. UNICEF, along with the World Health Organization (WHO), the United Nations Development Programme (UNDP) and the Governments of France and Switzerland, has supported the School of Public Health and Social Services in order to increase the number of qualified personnel for child-oriented services. Since 1986, 320 nurses and 108 social workers have been trained with UNICEF assistance. A 1989 UNDP/WHO evaluation highlighted problems in the quality of instruction, pointing to changes needed in both course content and methods of instruction. Of special importance is the need to shift emphasis from curative services to training in prevention.

Education

22. In direct response to famine conditions in the hardest-hit areas of the Sahelian zone, UNICEF established and equipped canteens in 36 schools for a coverage of 7,300 students during the 1986-1987 school year. As agricultural prospects brightened, garden equipment and seeds were provided to ensure food availability at these schools.

23. Over the same period, UNICEF provided basic material and equipment to 30 "model schools" included in a national educational reform programme. The programme featured the introduction of practical skills (carpentry, gardening, metallurgy and construction) into the curriculum to render it more appropriate to rural realities. Training was provided for 45 teachers, and more than 16,000 students were involved.

24. A project for the rehabilitation of 300 schools in the Sahelian zone received funding in 1988. To date, 3,446 school desks and benches have been constructed and distributed to the remote prefecture of Borkou-Ennedi-Tibest, and 3,044 more are being constructed to equip a total of 240 schools. A refresher teacher-training component for those schools was introduced, and essential school supplies were provided.

Women's activities

25. An estimated 12,000 rural women were trained in a variety of techniques through the 24 professional agricultural training centres run by the Ministry of Agriculture. These are the primary service providers for rural women, but there are few evaluations of the usefulness of their training programmes.

26. UNICEF also supported government activities for women implemented by the Ministry of Social Affairs. Programmes in 21 social centres and 7 rural women's centres were intended to enhance literacy, growth monitoring, vaccination, appropriate technology and income-generating activities.

27. In a pilot project developed by the Ministry of Social Affairs, five mobile teams were created to promote development actions at the community level in selected zones in the south, which included a significant training component, interventions in mother and child health (MCH), literacy and support for construction of schools and water supply. Some 1,500 people benefited from this project.

28. There are significant weaknesses in all activities that depend on the Ministry of Social Affairs because it lacks the technical capacity and financial resources needed to operate effectively. General problems of poor planning, inadequate monitoring and limited expertise have been experienced.

Social mobilization

29. In 1988, UNICEF signed a plan of co-operation with the Ministry of Information to support Radio Rurale, a division of the national radio. Radio Rurale is unique in its highly interactive approach to broadcasting. A trained team of producers goes into remote communities and stimulates dialogue and general discussions of common problems. Information is broadcast nation-wide in 10 languages in the form of imaginative educational programmes and announcements that draw upon local traditions.

30. UNICEF support has enabled the team to conduct monthly field visits of 10 days each, leading to the creation of 10 mini-programmes on health and education. A recent evaluation in three regions showed appreciation at all levels for the interactive approach.

Logistics centre

31. Logistics support is provided through the garage, where a fleet of 130 government and UNICEF vehicles has been maintained to ensure the transportation of

personnel and goods to project sites. In line with government policy, a transfer of the operation to government responsibility has begun.

Integrated basic services programme

32. As the major thrust of new UNICEF programming, the integrated basic services programme was designed to extend the widest range of services to the greatest number of people at the lowest cost and to eliminate counter-productive dispersion of effort by focusing on four selected regions where MCH interventions had already been initiated (Kanem, Mayo-Kebbi, Tandjile and Batha). The interaction of five social service sectors (health, water and sanitation; education; family food supply; active popular participation; and women's activities) was expected to enhance intended output.

33. Although the idea of integrated basic services was always welcome in the country, the Chadian perception was that its initial development had been a unilateral one. From the outset, lengthy negotiations were needed to redefine all five programme components, which slowed the rate of implementation.

34. The areas of education, women's affairs and food production suffered from a lack of clear programming, although the original intention had been to allow flexibility for community-defined activities. Efforts concentrated on training government officials and community leaders to identify the needs of the population in order to plan adequate solutions. In all, 12 schools were equipped in 12 communities; 9 cereal banks, with cost-recovery mechanisms, were installed in 9 communities; and 60 rural women from three provinces were trained in community development activities.

35. With regard to health, the original focus on MCH services was expanded to include primary health care (PHC). In all, 24 health posts were constructed and equipped in three provinces, and 48 community health workers (CHWs) and 48 traditional birth attendants (TBAs) were trained.

36. Regarding water provision, the major accomplishment was the construction of 21 wells by a private company in the regions of Kanem (9) and in Mayo-Kebbi (12) in 1988. No sanitation activities have yet been started. However, in 1989, a new agreement was signed with the Government, paving the way for a renewed effort in the water sector.

37. In general, programme emphasis has been on constant redefinition, renegotiation and co-ordination at the central level to ensure smooth and effective implementation at the local level where project personnel have been posted to guide and monitor activities in three of the four regions.

Lessons learned

38. Past co-operation was characterized by constant efforts to overcome problems stemming from the lack of institutional capacity to provide structures and implement services. This situation, especially acute in the aftermath of the emergency period, sometimes led UNICEF to take on the role of executing agency,

which was in conflict with the long-term objectives. This led to a lengthy and continuous process of redefinition of roles, expectations and conditions of collaboration with the Government. The most important lesson was that it was best to accept slower project design and implementation rates while working to build government capacity, rather than attempt to replace government functions at any level.

39. The EPI programme succeeded in creating an institutional capacity which serves as a base for the introduction of other PHC services.

40. The advocacy performed through EPI, the vaccination campaign and social mobilization conducted around vaccination issues have proven an effective means of placing children in the forefront of political concern, thus stimulating action. Radio Rurale has been a powerful instrument for the transmission of basic health and nutrition messages to rural populations, and it could be expanded in more intensive campaigns.

41. Cost-recovery in water services and food security (the creation of cereal banks) has proven feasible, but this mechanism could have been exploited more fully in the education sector through the incorporation of community-based organizations such as parents' associations and unique phenomenon in Chad of spontaneous schools.

42. It has been learned that only those community-level activities with active community support and participation can hope to succeed in the long run. Therefore, appropriate strategies and solutions must be sought to ensure this participation from the outset.

43. Projects to enhance the status of and widen the scope of possibilities for women encounter resistance from a variety of sources - from traditional attitudes and patterns of action at the local level to institutional powerlessness. A wide and coherent programme for women's advancement must be defined with clearly set goals and strategies to be pursued at all levels, through all projects and with a variety of partners.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994

Recommended general resources: $ 7,500,000
Supplementary funds: $22,317,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	2 800	10 420	13 220
Education	1 300	3 932	5 232
Integrated basic services	600	6 745	7 345
Social mobilization	1 200	1 220	2 420
Programme support	1 600	-	1 600
Total	7 500	22 317	29 817

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Preparation of the country programme

44. The present programme is based on government plans and development policies (still in formulation), priority problems as identified in the situation analysis and experience accumulated through past co-operation.

45. The programming process began in September 1988 with the collection of data for the situation analysis and identification of priority problems. This was followed in early March 1989 by a joint review of past co-operation with the Government, which brought important inputs to the strategy paper. Representatives of seven government ministries, as well as UNICEF staff and participants from New York headquarters and the regional office, then met to draw up the major programme lines in co-ordination with other major donor agencies. An internal training workshop was conducted for UNICEF staff, and an orientation session on UNICEF procedures was held for government officials.

46. In mid-May 1989, the plans of operations and action drawn up by the various technical committees were reviewed by directors-general from the relevant ministries. At the final review meeting in October 1989, official agreement on the programme document was reached. Final preparation of the country programme recommendation followed.

47. The plan of operations encompasses co-operation at national and subnational levels. At the national level, within the health and nutrition component, EPI will become the entry point for implementing PHC by strengthening management capacity at all levels, including CDD, the reduction of MMR, ARI and malaria. In addition, there will be an emphasis on minimizing recurrent costs, e.g., through an essential drugs policy and community financing. Regarding education, emphasis will be given to literacy and primary education, with a special focus on women and girls. At the subnational level, UNICEF will support the establishment of basic services in health, education, water and sanitation, family food supply and women's activities through strengthened community-level participation and the involvement of local government. A social mobilization strategy will reinforce interventions in all areas, and programme support will be provided throughout to strengthen UNICEF and government capacity to plan and implement appropriate actions.

48. At the national level, UNICEF programming will focus on the provision of technical support for policy formulation and institution-building, primarily in health and education. Strategies at this level will include the training of government personnel, social mobilization, advocacy and infrastructural and logistical support for the implementation of nation-wide activities, such as vaccination.

49. At the local level, the goal is to develop innovative methods to stimulate community development activities adapted to Chadian society. Links will be established between economically productive activities and the provision of services to ensure sustainability of the social development process. At this level, national programmes will be tested against field realities and adjusted to local needs through a continuous process of monitoring and evaluation. Regional dimensions will, therefore, be strengthened. Results will be fed back to the national decision-making level to create a process of interaction between policy formation and project implementation, with the desired result being the development of appropriate mechanisms for realistic and sustainable services.

50. In quantitative terms, national objectives for 1990-1994 are: (a) to reduce IMR substantially to 120 per 1,000 live births; (b) to spread the knowledge of ORT nation-wide; (c) to reach 75 per cent immunization coverage of children by their first birthday for all antigens by 1990 and ensure sustainability for 1994; and (d) to vaccinate 65 per cent of women 14 to 45 years old with tetanus toxoid by 1990.

51. Through area-based services, the objectives are: (a) to achieve 80 per cent of immunization coverage by 1990; (b) to arrive at the effective utilization of oral rehydration salts (ORS) in 50 per cent of families; (c) to reach the majority of women with literacy activities by 1994 and assist women producers; (d) to raise to 50 per cent the number of girls in primary school by 1994; (e) to provide water

services to 225,000 inhabitants; and (f) to develop a mechanism for community financing of PHC and water and food production activities in the context of the Bamako Initiative.

52. These objectives will be accomplished through the following: (a) expansion of health services for children and women utilizing EPI as the point of entry for PHC; (b) assistance for the expansion and reform of the educational system and literacy campaigns; (c) reinforcement and further development of the community approach for implementing basic services in selected areas of the country; and (d) development of a massive social mobilization campaign to promote CSD interventions and the knowledge of Facts for Life.

53. Women will be the focal point of the programme and their participation will be emphasized in every aspect of co-operation. Wherever needed, special training will be offered to women, and educational materials and techniques will be designed to promote and facilitate their participation.

54. In addition to programme delivery, UNICEF co-operation will include an advocacy component directed towards placing children and women on the political agenda. UNICEF will also support a social mobilization programme to develop and deliver educational messages.

Primary health care

55. UNICEF will support the creation of an effective, efficient and sustainable PHC system that builds on EPI structures and activities. Some 237 out of 431 health units provide vaccination activities, and there are plans to make 55 of the remaining units operational by 1990. Gradually, other health services will be added so that in 1990, the centres will be operative in CDD activities, ARI and malaria interventions, nutrition and MMR reduction activities by 1991, until all units are operational in all health activities. The intended result is a solid health services system with structures capable of treating referral cases and providing technical and logistical support to CHWs.

56. In order to test the strategies for integrating PHC activities and the mechanisms to ensure sustainability (minimizing costs and/or community contributions), a new approach to promote community organization and management will be developed, including a cost-recovery component. This will be introduced as a part of health services, with special attention to the geographic regions included in the area-based services programme and the prefectures of Logone Occidental, Lac, Ouaddai and Chari-Baguirmi. At the national level, support will be given to the formulation of an essential drugs policy.

57. The programme will also provide technical support at the central level for the formulation of norms and standards for the diagnosis and treatment of CDD, ARI, malaria, malnutrition and for the establishment of indicators for the reduction of maternal mortality.

58. Given the complex interrelationships between nutritional and other health problems such as diarrhoeal diseases, ARI, tuberculosis and diphtheria, efforts

will be made to integrate activities in prevention and treatment in all aspects of planning, training and management.

59. Training at all levels will be an important aspect to ensure an adequate number of health care technicians capable of dealing with all aspects of MCH care. An expected 80 nurses and/or nurses' aids and 20 social workers will be trained each year at the School of Public Health and Social Services. Special attention will be given to revising the training curriculum.

Expanded programme on immunization

60. The goal of EPI is to achieve 75 per cent coverage for all antigens for children under one year old. To reach this goal, a combination of fixed, mobile and accelerated strategies will be used. There is great demand for vaccination, and past problems relate primarily to the lack of institutional capacity to respond to this demand.

61. The existing system will be expanded by upgrading 55 units in Chari-Baguirmi, Mayo-Kebbi, Ouaddai, Logone Occidental, Batha and Lac during the first year of the programme, and 35 per year subsequently in the prefectures identified as ready. By 1994, all 431 existing health units should be operational for EPI activities, thus reinforcing the fixed service strategy to allow coverage of 50 per cent of the target population of women and children for each antigen.

62. The mobile strategy will be extended and reinforced to cover the remaining hard-to-reach populations. Additionally, acceleration campaigns will be continued at the national level to increase coverage further and maintain the 75 per cent figure through the programme cycle. Co-operation with other agencies involved in vaccination will be sought and maintained to ensure consolidation of efforts.

63. UNICEF will continue to provide technical, logistical and material support (vaccines, syringes and cold-chain equipment) during the period of co-operation, while continuing to seek ways to ensure the sustainability of vaccination activities.

Control of diarrhoeal diseases

64. Given the extent and gravity of the problem, the first component to be integrated into the EPI structure is the CDD programme. By the end of the cycle, the introduction of ORT will accompany vaccination activities in all fixed centres and will be extended by mobile teams and through accelerated campaigns. Additionally, 15 special oral rehydration units will be created in medical centres and hospitals country-wide.

65. At the national level, the formulation of norms and standards will be supported, and ORS will be provided for distribution to the regions. In the prefectures, 32 medical directors (the highest echelon health agents), 56 middle managers and 130 nurses will be trained in diagnosis and treatment. The training of schoolteachers and social workers is also planned.

66. Promotional materials will be produced and social mobilization pursued through all existing channels of education and communication. The use of ORT in the home will be promoted through the training of mothers, and attention will be given to the preparation of local solutions, with the aim of ensuring programme sustainability. Educational messages will focus on the need for prevention.

Malaria control

67. Although malaria is among the most widespread health problems in the country, a well structured national programme for malaria prevention and treatment has not yet been developed. Technical support will be provided to develop adequate diagnosis and treatment schemes and a training process will be instituted for personnel in 80 per cent of the existing health facilities, covering 40 per cent of the population. The area-based service programme is expected to reach 300,000 people.

68. Drugs will be supplied to ensure the treatment of children 0 to 4 years old, and preventive cloroquine treatment will be given to pregnant women covered by immunization activities.

Acute respiratory infections

69. The ARI component will be implemented only at the health facility level. Community-level personnel will treat only the fever symptom. The main interventions will include (a) the development of treatment protocols with the determination of the essential drugs needed for different levels of health care; (b) the training of all medical personnel in norms and appropriate drug prescription; and (c) the supply of essential drugs. Cost-recovery mechanisms will be studied and introduced accordingly, taking into consideration previous community experiences.

Maternal health services

70. The goal of reducing maternal mortalicy will be pursued through the introduction of pre- and post-natal care at health-unit level. All of the units will receive the necessary equipment and educational material for health personnel and mothers will be developed. At the community level, at least 50 TBAs will be trained each year (250 by the end of the cycle), and basic equipment and drugs will be provided for their work. Special emphasis in the area-based service will provide for the training of at least two TBAs per community. A referral system will be studied and put in place when possible. Operational research will also be supported in order to determine the major causes of the high MMR and to identify the major risk factors for mothers.

Nutrition

71. The major nutrition interventions will be directed towards the education of mothers, especially concerning proper weaning methods and child growth monitoring. Also, health personnel will be trained to identify vitamin A and iron deficiencies, and vitamin A and iron with folic acid will be distributed to pregnant women and

children of 0 to 4 years old identified to be at risk. Some nutrition activities will be implemented within the framework of the integrated basic services programme.

Logistics support

72. Logistics support will be continued through the garage which will be transferred to the Government by the end of the present cycle. In the process, the fleet of vehicles will be standardized, and a qualified counterpart manager/technician will be recruited by the Government and trained to assume control of all aspects of the operation by 1994.

73. UNICEF will respond to specific government requests relating to the reduction of onchocerciasis and dracunculosis. In a multi-donor response to onchocerciasis control, including WHO and French co-operation, UNICEF will focus on a specific area of high infection in Logone Orientale affecting 3,000 people. Dracunculosis is targeted for elimination by the end of the programme period. UNICEF will support assessments in 1990, and will allocate part of its assistance in the water sector for affected areas thereafter.

Education

74. Support to education will fall with the following two main lines of co-operation. The primary level will be the focus of interventions in the formal sector, while informal education will be supported through activities related to child development, adult training and literacy. Special emphasis in both areas will be placed on the needs of girls and women.

Primary education

75. Support to formal education at the primary level is twofold: (a) assisting the continuing process of rehabilitation, providing equipment and extending educational structures, thus assuring an adequate quantity of educational services to cover the needs of the population; and (b) assisting in the general process of reflection on and revision of the Chadian educational system to render it qualitatively more adequate. As other major donors are also active in both areas, but especially the first, close co-operation will ensure a positive division and reinforcement of tasks, with UNICEF's particular emphasis on the qualitative aspects.

76. UNICEF inputs, especially in the first year, will consist primarily of technical assistance to support the preparation of Chadian participation in vital goal-setting meetings such as the World Conference on Education for All. Information gathering and analysis of various aspects of educational problems and possibilities will be pursued, with a special focus on spontaneous schools to determine to what extent they can be reinforced and/or integrated into the formal system by strengthening the role of local parents' associations.

77. Inputs into curriculum development will focus on basic health and hygiene information along the lines of Facts for Life.

78. During the second year of the programme, draft versions of educational materials will be designed and tested in schools of the integrated basic services programme regions. Beginning in 1992, 200 teachers per year will be trained, with coverage of some 60,000 pupils expected by the end of the cycle.

Adult literacy

79. Present political commitment in the area of literacy paves the way for the creation of a national literacy movement through the co-ordination and integration of all active structures and agencies. Studies will be conducted to identify the problems of methodology, languages and differences of culture. Efforts to create a literate environment will be pursued through the creation of literacy and post-literacy materials. The project will focus especially on Chadian women, with relevant elements of Facts for Life included to give women practical issues to deal with during the learning process.

80. During the first year, UNICEF will seek to evaluate and systematize existing experience in literacy activities led by different governmental organizations and NGOs. Implementing agencies will be supported in their activities since these are tied in systematically to a national programme. During the second year of implementation, national and subnational methodologies will be developed, mechanisms of technical support will be reinforced and extensive coverage of women will be sought in specific geographical areas.

81. The training of teachers and trainers in literacy activities will be an important component of the programme, both at the national level for national planners and locally in integrated basic services programme areas. By the third year of co-operation, 2,000 facilitators will have been trained in the new methodologies and, in the remaining two years, a total of 4,000 facilitators will be involved in literacy activities. From the third year on, 100,000 people per year will be reached with literacy activities.

82. Child development activities will be associated with mothers' education and literacy in order to improve their habitual ways of dealing with child growth and development. To develop childhood education further, efforts will be made to tap into all the channels of communication, human resources and institutional structures activated for literacy purposes.

83. Other adult education activities will be supported on two levels. Training sessions will be planned as needed to accompany, for example, the introduction of appropriate technology into villages in the area-based programme. In addition, UNICEF will continue to sponsor government officials and technical personnel for participation in training seminars and study tours as they arise and according to the goals and criteria of human resource development determined by the country.

Integrated basic services programme

84. The scope of and approach to the integrated basic services programme has been redefined. Community participation and management have been emphasized, and the programme has been converted from a service-providing one to one of support for

community initiatives, with emphasis on the development of local capacities to plan and implement activities. Additionally, programme sites will serve as a testing ground for national strategies in health, education, water and sanitation, household food production and women's activities. The programme will also offer a framework through which complete coverage with desired interventions may be attached.

85. The programme initially focuses activities in the regions of Kanem, Batha, Mayo Kebbi and Tandjile, two in the north and two in the south, to achieve representation according to the major north/south cultural divide in the country. Expansion into other areas will occur after careful consideration and analysis of geographic distances and cultural differences. It is expected that the programme will reach 300,000 people.

86. Training will be a major component. At the local level, the integrated basic services programme will focus on community-based project management and the appropriate utilization of new techniques. National-level training will educate government agents in proper community development methodologies that are in line with nationally expressed development goals.

87. Full coverage with priority interventions in health will be achieved through the training of 220 TBAs and 220 CHWs, as well as the integration of modern and traditional medicine.

88. Primary schools will be upgraded and a new curriculum will be adapted in consultation with parents' committees. Also, special efforts will be made to increase girls' attendance in 220 schools. Literacy activities will be implemented at all project sites, allowing the national programme to adapt to regional differences. The education of women will be linked with women's work and will incorporate elements of Facts for Life. At least 60,000 women are expected to be reached.

89. Water supply for 225,000 people has been planned. The pace of supply will be 90 wells per year, which will be concentrated in the southern part of the country. Some 120 pumps will be rehabilitated with UNICEF support at the project sites, and training will be included to ensure local maintenance capacity. Sanitation efforts will focus on the construction of latrines and sanitary education.

90. Programming will be at the sub-prefecture level, but planning exercises will be carried out at the community level. This practice will stimulate the community organization process and enhance the development of human resources at the local level.

91. The household food security sector will ensure a system of cereal storage for the lean periods in 180 communities and emphasize group work and community organization in the stimulation of productive activities. This component constitutes an important revenue source for the community.

92. Women's activities will focus on education and productivity. Special attention will be given to the promotion of women's active participation in all aspects of community life in the 220 communities involved in the programme.

Social mobilization

93. An extensive social mobilization effort will be launched in all sectors to engage political support for activities related to the well-being of children and women. Social mobilization will also be used as a way of transmitting basic messages to the population.

94. The experience of Radio Rurale will be expanded through support for longer trips of two weeks to the field to gather material and for the ongoing production of new educational messages, such as information concerning acquired immunodeficiency syndrome (AIDS). Increased broadcast time in local languages will be advocated in accordance with findings from the previous evaluation. In its promotional role, Radio Rurale will be used as an instrument to inform and mobilize communities through the transmission of messages concerning key aspects of CSD possibilities such as ORT and the immunization for children and women. In its interactive approach, it will support the local management process and enhance human capacities. Radio Rurale will be essential for reinforcing activities in area-based projects and communicating experiences to other communities.

95. Other mass media, such as the recently created Chadian television and the national radio, will be encouraged to expand their scope and to include more frequent Facts for Life education messages.

Programme support

96. UNICEF will provide the administrative support needed to operate the programme, as well as continuous technical assistance through field personnel.

97. Special support will be given to the Ministry of Planning effort to systematize the planning process and to co-ordinate the multisectoral national approach. The country's lack of information in the areas of women and children's needs will be partially alleviated through an operational research component designed to investigate priority problem areas.

98. The programme will be subject to annual reviews to permit necessary adjustments in interventions and to determine possibilities for expansion. An ongoing quarterly monitoring system for all projects will be established to measure progress, verify status, include beneficiaries' views, etc.

Co-operation with other agencies

99. Co-operation with other United Nations agencies, (WHO, UNDP, the United Nations Population Fund and the World Food Programme), NGOs and bilateral organizations will continue to be strengthened. Other donors will be asked to participate in programme reviews. Because of the multisectoral character of the integrated basic services programme, it is planned to intensify efforts in order to ensure stronger integration of all development activities supported by external aid.

CHAD

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	223	(1988)	Very high U5MR
Infant mortality rate	131	(1988)	Very high IMR
GNP per capita	$150	(1987)	Low GNP
Total population	5 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	165	199	223	239
Infant deaths (under 1)	(thousands)	28	29	31	31
Under-five deaths	(thousands)	48	50	52	53
Under-five mortality rate (per 1,000 live births)		294	253	234	223
Infant mortality rate (under 1) (per 1,000 live births)		172	148	137	131

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1965)		11	..
Children completing primary level (% of first grade, 1975/1985)		29*	17

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%)		../../..	../../..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		77	69
Food production per capita index (Index 1979-1981=100, 1980/1988)		102	105
Household expenditure (% of total income)	All food/cereals	../..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			2
Access to health services	Total	..	30
(% of population, 1986)	Urban/rural	../..	../..
Access to safe water	Total	26	..
(% of population, 1975)	Urban/rural	../..	../..
Access to adequate sanitation	Total	..	..
(% of population)	Urban/rural	../..	../..
Births attended by trained personnel (%, 1981)		24	
Maternal mortality rate (per 100,000 live births, 1972/1988)		860	960*

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	..	15	40	38
	DPT	..	3	12	14
	Polio	..	3	12	14
	Measles	..	7	33	17
Pregnant women (%) immunized against	Tetanus	..	3	9	10

CHAD

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	223	(1988)	Very high U5MR
Infant mortality rate	131	(1988)	Very high IMR
GNP per capita	$150	(1987)	Low GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../..	51/38
(%, 1987)	Male	../..	73/52
	Female	../..	29/23
Secondary enrolment ratio (gross/net)	Total	../..	6/..
(%, 1987)	Male	../..	10/..
	Female	../..	2/..
Adult literacy rate, 15 years & older	Total	11	26
(%, 1970/1985)	Male/female	20/ 2	40/11
Radio/television sets			
(per 1,000 population, 1980/1987)		168/..	237/ 1

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	3.7	4.5	5.0	5.4	7.3
Population aged 0-15 years	(millions)	..	2.0	2.2	2.4	3.3
Population aged 0-4 years	(millions)	..	0.8	0.9	0.9	1.3
Urban population (% of total)		11	21	27	31	44
Life expectancy at births (years)	Total	38	42	44	46	51
	Male/female	37/40	40/44	43/46	44/47	49/52
Total fertility rate		6.0	5.9	5.9	5.9	5.5
Crude birth rate (per 1,000 population)		45	44	44	44	41
Crude death rate (per 1,000 population)		26	22	20	19	16

		About 1980	Most recent
Contraceptive prevalence rate			1
(%, 1984)			
Population annual growth rate	Total	2.0	2.3
(%, 1965-1980/1980-1988)	Urban	9.2	7.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		-1.9	..
(%, 1965-1980/1980-1986)			
Inflation rate (%, 1965-1980/1980-1987)		6	5
Population in absolute poverty	Urban/rural	30/56	.. /..
(%, 1976)			
Household income share	Top 20%/bottom 40%	../..	.. /..
(%, 1977)			
Government expenditure	Health/education	4/14	8*/ 8*
(% of total expenditure, 1976/1988)	Defence	26	..
Household expenditure	Health/education	../..	.. /..
(% of total income)			
Official development assistance:	US$ millions	35	198
(1980/1987)	As % of GNP	..	20
Debt service			
(% of goods & services exports, 1980/1987)		4	4

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: CHAD
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $6,210,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	478	418	41	96	10	505	202	615	731	1634	2365
Water supply and sanitation	17	16			99	68	5	316	121	400	521
Nutrition	89	15		63			4	64	93	142	235
Education	212	39	121				16	5	349	44	393
Community organization and development	107	97	33	25			130	251	270	373	643
Women-centred programme	25						36		61		61
Emergency	23	680		30		196	50	1116	73	2022	2095
Planning and project support	71	175			886	160	169	750	1126	1085	2211
Freight	357	292							357	292	649
GRAND TOTAL	1379	1732	195	214	995	929	612	3117	3181	5992	9173

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: CHAD Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
Health							
Immunization	GR	25	25	25	25	25	125
	FSF	537					537
	NSF	887	1225	1175	1125	1035	5447
Control of diarrhoeal diseases	GR	30	30	30	30	30	150
	FSF	12					12
	NSF	278	190	210	220	200	1098
Onchocerciasis	NSF	25	25				50
Basic health	GR	465	465	465	465	465	2325
	NSF	615	700	635	565	560	3075
Subtotal, health	GR	520	520	520	520	520	2600
	FSF	550					550
	NSF	1805	2140	2020	1910	1795	9670
Water supply and sanitation	FSF	1075					1075
	NSF		675	755	765	765	2960
Nutrition	GR	40	40	40	40	40	200
	NSF	150	150	150	150	150	750
Household food security	GR	100	60	105	85	75	425
	NSF		60	70	75	60	265
Education	GR	230	210	240	270	280	1230
	FSF	290					290
	NSF	357	490	885	995	1205	3932
Community organization and development	FSF	478					478
	NSF	150	1015	845	615	545	3170
Young child development	GR	10	10	20	20	10	70
Women-centred programme	GR		60	45	35	35	175
	FSF	40					40
	NSF		105	88	85	72	350
Advocacy	GR	250	250	230	230	240	1200
	NSF	180	200	280	280	280	1220
Planning and programme support	GR	350	350	300	300	300	1600

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING (continued)

(Thousands of United States dollars)

Country: CHAD Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
TOTAL	GR	1500	1500	1500	1500	1500	7500
	FSF	2433					2433
	NSF	2642	4835	5093	4875	4872	22317
GRAND TOTAL		6575	6335	6593	6375	6372	32250

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

/...

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CHAD	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	3	715
Local national Professional and General Service established posts	10	427
Operating costs		618
Total	13	1760
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	313
Supplementary funds	9	1435
Local national Professional and General Service project posts		
General resources	9	280
Supplementary funds	9	276
Total	29	2304

a/ For information source, see 1990 post authorization table, revised October 1989.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.10
19 February 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Sierra Leone

The Executive Director recommends that the Executive Board approve an amount of $6,250,000 from general resources, subject to the availability of funds, and an amount of $4,731,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Sierra Leone for the period 1991-1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The child survival and development revolution (CSDR) in Sierra Leone has at last made substantial progress. The most prominent gauge of that progress has been the seven-fold increase in the percentage of fully immunized children, from 6 per cent in 1985 to 45 per cent in 1989. Tetanus toxoid coverage of women from 15 to 44 years of age climbed from 45 per cent in 1985 to 79 per cent in 1989. So there is hope that within a reasonable time, CSDR will defeat the deadly but preventable diseases that have reigned for ages over the lives of children in this economically distressed West African coastal republic of just under 4 million inhabitants.

2. Advances have also been made in the provision of essential drugs, primary health care (PHC) and social mobilization, which promise a further acceleration of the CSDR programme through more effective involvement of communities in the management and financing of basic social services. A Bamako Initiative approach to maternal and child health (MCH) and PHC has already been implemented.

3. Despite those encouraging developments, neither the Government of Sierra Leone nor UNICEF can foresee an early end to their joint efforts as they plan the next five-year programme of co-operation.

4. The deterioration of the country's economy has continued, with little evidence that it will recover fully in the next few years. At least 65 per cent of the population lives below the poverty line. The Government is faced with a grave economic crisis, manifested by a continued imbalance in the national budget and balance of payments. In 1989, the gross domestic product (GDP) in constant prices (1973) increased only marginally, while the per capita GDP declined from $294 to $290. A tendency to depend on external sources for the development budget has resulted in the underimplementation of development plans. For example, in the 1988/89 fiscal year, 93 per cent of the development budget was funded by external contributions, of which only 30 per cent were actually received. However, the 1989/90 development estimate has more realistic objectives. The total estimate has been reduced by 60 per cent, while contributions from national sources have increased by 150 per cent. The Government has also begun new negotiations with the International Monetary Fund (IMF) and the World Bank, after a three-year absence from the country.

5. The infant mortality rate (IMR), believed in early 1986 to have been one of the highest in the world at nearly 200 per 1,000 live births, is now estimated to have dropped to fifth place (165 per 1,000 live births), which is still a cause for deep concern and requires further remedial action. The under-five mortality rate (U5MR), at 273 per 1,000 live births, is also the world's fifth highest. The children who survive suffer an average of six bouts of debilitating diarrhoeal diseases per year. One heartening sign of improvement has been the unprecedented absence of measles and cholera epidemics since 1987.

6. Nearly one fourth of Sierra Leone's children under five years of age were found to have been chronically undernourished in a national survey 11 years ago. At least one third of them were under weight, and some 60 per cent were anaemic.

If that situation has changed, doubtless it has been for the worse. A 1988 survey reported that 27 per cent of families have only one meal a day and only 3 per cent have three or more meals a day.

7. At least 80 per cent of the women work in farming. They also work as mothers, wives and housekeepers from dawn until after dusk. Each may walk as far as eight miles a day for fuel, food or water. She will also have seven full-term pregnancies in her lifetime, and only five of the surviving babies will live beyond five years of age. Some 30 per cent of women suffer from anaemia. According to the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat, the maternal mortality rate (MMR) is 450 per 100,000 live births.

8. The health infrastructure and delivery system have been substantially improved in the past two years, perhaps because of increased donor contributions in specific areas. Still, the structures for health, nutrition, and sanitation are far from being capable of reaching the government goal of "health for all by the year 2000".

9. The Government invested less than 6 per cent of its 1988/89 budget in the health sector. Of recurrent expenditures, an estimated 50 per cent was spent on PHC personnel. In the PHC budget, however, virtually all domestic expenditures were for salaries while development expenditures came mainly from foreign sources.

10. Although all 350 peripheral health units are staffed to assist in normal deliveries and provide expanded programme on immunization (EPI) services, only 40 per cent are equipped to provide all basic MCH services. Only 37 per cent of the rural population lives within the desired four-mile radius for health facility services. Some 62 per cent of all doctors and 53 per cent of government hospital beds are in the capital, Freetown, where only 9 per cent of the population live. About 90 per cent of deliveries take place at home, of which 70 per cent are attended by untrained traditional birth attendants (TBAs).

11. Food production, the largest sector, also adversely affects the well-being of children and women. Sierra Leone imports more than 35 per cent of its staple food, rice. Productivity is low despite plentiful and regular rainfall, while 74 per cent of the land is arable. Credit, improved seeds, fertilizer and reliable marketing mechanisms are generally not available. Household food security is generally tenuous.

12. The education system suffers severely (as do all other government social services) from meagre budget allotments. Some 93 per cent of expenditures were for personnel and only 7 per cent for teaching materials and maintenance. Approximately 63 per cent of the teachers are unqualified. Many villages are too small to fill even a one-class, multi-grade school. It is reported that 80 per cent of rural girls and 61 per cent of rural boys receive no primary education. The drop-out rate between first grade and the first year of secondary school is estimated at 73 per cent, with 27 per cent dropping out between first and second grades. Only 40 per cent of primary and secondary students are girls, and 98 per cent of rural women are illiterate.

13. In the environment sector, the availability of potable water is a major health concern, which is ironic in a country endowed with plentiful natural water sources. People are generally not motivated to protect their environment. Forest areas are rapidly diminishing as farmers shift to fresh soil for slash-and-burn agriculture and cut firewood to meet urban demand. Successful experiments with a fast-growing type of tree have not been pursued.

14. The situation analysis notes that poverty in Sierra Leone may be viewed as being national, individual, institutional and societal. The Government is in a grave economic crisis, as demonstrated by the collapse of many public, parastatal and even private institutions. The provision of basic services has dwindled, in some cases out of existence.

15. The situation analysis also makes clear that the most difficult obstacles in the face of deepening poverty and an absence of effective mass media are those in the crucial field of communicating with the people. It concludes by indicating several priority areas for Government and UNICEF attention in the coming programme cycle. In general, these constitute a strategy in which current efforts in child development, women's issues and social mobilization can now be substantially broadened without relaxing emphasis on child survival.

PROGRAMME CO-OPERATION, 1986-1990

Programme development

16. Co-operation between the Government and UNICEF in 1986-1990 was aimed directly at child survival as a natural response to one of the world's highest IMRs. EPI was its central component.

17. The country programme began in early 1986 following the upgrading of the status of UNICEF Freetown from sub-office to full country office.

18. The programme first achieved the commitment of the newly inaugurated Chief of State and his wife to CSDR, which was followed by an assessment of the state of the Government/UNICEF effort. An inter-ministerial review in June 1986 regrouped the existing 17 projects into five areas of concern: health; water and environmental sanitation; education; women in development; and planning, monitoring and evaluation. The purpose was to co-ordinate services at the community level. Social mobilization efforts emerged as a sixth component which provided critical support to all the others.

19. UNICEF collaborated mainly with the Ministry of National Development and Economic Planning. The Ministry led the continuing co-ordination and integration process with quarterly, annual and mid-term reviews, sectoral evaluations and baseline surveys. National experts were involved in all phases of programme development. Numerous task forces and working groups were established with government agencies, university institutes and non-governmental organizations (NGOs), all of which assisted in the production of major programme plans and documentation, including the present first full Executive Board submission.

Health

20. PHC programme interventions that had been implemented independently required improved co-ordination and decentralization. In the past two years much progress was made in those areas, with the strengthening of the MCH division at the national level, the training of MCH aides, the strengthening of district health teams and the development of an integrated and comprehensive programme for the implementation of MCH/PHC according to the Bamako Initiative principle. The network of primary health units is being expanded from its present 350 units to a planned 700 units by 1990, initially to ensure the attainment of universal child immunization, but also to provide other MCH services. This expansion, when completed, is expected to provide physical accessibility within a four-mile radius to about 90 per cent of the population.

Expanded programme on immunization

21. The full immunization coverage rate for infants was estimated at 45 per cent in September 1989, in contrast to 6 per cent in 1985 and 24 per cent in 1987. The coverage for two doses of tetanus toxoid vaccine for women from 15 to 44 years of age is estimated at 79 per cent. With funds made available to UNICEF by the Government of Italy, a logistical system established that enabled a network of health teams to supervise and support EPI activities with supplies in every district. The nation-wide EPI cold chain and the primary health units' gas-operated refrigerators ensure a constant stock of potent vaccines. Injection materials, sterilization equipment and trained field staff are available at all units. NGOs participate actively in the project and receive supplies and training from UNICEF as required. Managerial procedures have been reviewed and revised. All 12 districts and the western area are now at least minimally equipped to carry out basic services at the community level through the 350 primary health units and provide access to at least 50 per cent of the population. There are 12 full-time urban mobile EPI teams in Freetown.

22. In 1986, EPI set coverage goals for fully immunized children at 80 per cent by 1989. Two 1988 evaluations, one by a joint Government/World Health Organization (WHO) coverage evaluation team, the other by a mid-term review team, recommended that those targets be lowered. They were then set at 50 and 75 per cent for 1989 and 1990, respectively.

23. The evaluations also indicated the need to reduce the drop-out rate between the first and third doses of combined diphtheria/pertussis/tetanus vaccine (DPT) by a renewed emphasis on training and social mobilization. Since then, the introduction of competition schemes that reward high-performing service providers and award colour-coded bracelets to children at progressive stages of immunization has resulted in reports from some districts of three- and four-fold increases in attendance at EPI sessions. There are fewer late submissions of monthly EPI returns and the drop-out rate is now down to an average of 50 per cent.

Essential drugs

24. The essential drugs programme began in earnest in 1986, when the Ministry of Health and UNICEF established reimbursable procurement procedures with local currency payment. The total of such payments by the Government amounted to the equivalent of approximately $1 million by September 1989. For the first time in more than 10 years, essential drugs are available at affordable prices throughout the country. The 31 basic essential drugs (according to a list compiled by WHO) are procured through the UNICEF Procurement and Assembly Centre at Copenhagen, thus assuring quality control and uniformity of cost. A Pharmacies and Drugs Act was passed in 1987, restricting the handling of drugs to those qualified and licensed to do so, and a draft national formulary has been prepared.

25. The national medical stores facility runs a supply operation in kits and bulk at two warehouses that were renovated with assistance from UNICEF and AFRICARE. Five new district medical stores were constructed with funds from Sportaid. They enabled the Ministry of Health to decentralize the storage and handling of essential drugs, which promptly produced substantial improvements in efficiency and accountability of district health teams.

26. The cost-sharing system has now been fully established throughout the country, although there are variations in performance. Where record-keeping and monitoring activities have been instituted (with funds from the Government of the Netherlands), greater success has been achieved. There is still too much emphasis on cost, both in training and monitoring. More attention is currently being paid to training on proper diagnosis and accurate dispensing.

Maternal and child health

27. Early in the programme cycle, the Ministry of Health authorized MCH aides to immunize. This led to a closer integration of the MCH division and the EPI programme and ultimately to a reorganization of the MCH division to include EPI, control of diarrhoeal diseases (CDD) and nutrition and health education. With UNICEF support, training manuals were developed in nutrition and for TBAs, and two master trainers were trained for each of the 12 districts and the eastern area. "Mothers' kits" for hygienic deliveries were developed for TBAs and MCH aides.

Control of diarrhoeal diseases

28. A cholera epidemic in 1986 led the Ministry of Health and UNICEF to mount a nation-wide training and promotion campaign in diarrhoeal diseases management. Since then, stocks of oral rehydration salts (ORS) at service outlets have been continually monitored. CDD activities have been intensified with the establishment of two diarrhoeal treatment and training units in provincial hospitals, in addition to the national unit.

29. CDD and water and environmental sanitation collaboration, strongly advocated by UNICEF, continued with the promotion of oral rehydration therapy (ORT) by environmental sanitation personnel. The CDD unit also took advantage of the water quality control capability of the environmental sanitation programme.

Water and environmental sanitation

30. Because Sierra Leone has an abundance of natural water sources, UNICEF supports the developmental aspects of water and environmental sanitation, including environmental health education, water quality control and the promotion of pit latrines. All of those components were strengthened by decentralization, increasing the quantity and quality of local manpower and increased funds. In 1988, the Ministry of Health officially endorsed a set of water quality standards for the country that was prepared with technical assistance from WHO and UNICEF.

31. Between 1983 and 1989, UNICEF provided financial and technical support for an expanding environmental sanitation programme, which sought to keep pace with intensive water supply construction activities. Approximately 1,000 improved wells were built in this period, as well as 40 protected spring-boxes and 20 gravity-fed water supply systems throughout the country. Responding to UNICEF advocacy, additional support was received from external donors. All the new supplies serve an estimated 20 per cent of the rural population (600,000 people). While the programme has yet to catch up with the construction activity, approximately 720 village-based workshops were c nducted over the same period, promoting improved environmental sanitation practices. There is now increased awareness of the necessity for such promotion, but it is hardly a nation-wide phenomenon.

32. The provision of adequate excreta disposal facilities has lagged behind water supply development. It is only within the last two years that ventilated improved pit latrines have been constructed in substantial quantity. Approximately 600 have been completed to date, some 225 of them with UNICEF assistance, using funds from the United Kingdom Committee for UNICEF and Sportaid.

Women in development

33. This programme integrated early childhood development, functional literacy and nutrition into a convergent community-based project that focused on women, with the addition of health, food security and income-generating components. The project began in three villages in Bombali district. With UNICEF input, women established community tool banks and constructed day-care facilities, a maternity unit and accommodations for MCH aides. The three villages also served as vehicles for an inter-ministerial committee, which is developing approaches to early childhood development, functional literacy and rural development centred on the generation of income.

Education

34. UNICEF assists the National Curriculum Development Centre with the production of health and physical education curriculum materials for primary schools, in tandem with an innovative curriculum development project that stresses life skills, supported by the United Nations Educational, Scientific and Cultural Organization (UNESCO). A detailed syllabus has been developed for classes 1-6 as well as teachers' manuals for the first four years. UNICEF has also provided first-aid kits for testing in 50 pilot schools.

Social mobilization

35. It had long been evident that the Government and UNICEF would have to find special ways to transmit information and knowledge on child survival and development in a country where no mass media effectively reach the principal target population - widespread rural clusters of generally illiterate and underserved people. Beginning with the Chief of State and his wife, the Government and UNICEF, social mobilization staff launched a long process of energizing, group by group, any and all of the country's opinion leaders - persons who influence popular attitudes, beliefs and behaviour. Through scores of orientations, workshops and conferences, CSDR has won the help of thousands of such interpersonal communicators, acting in their vocational capacities.

36. Most recently, those efforts culminated in far-reaching innovative measures that included the formation of a Parliamentary Action Group on Child Survival and a 21-person Islamic Action Group, as well as the appointment of 14 district-level social mobilization co-ordinators.

37. Special events, competitions and material incentives have been introduced, especially in EPI, with support from the Government of Italy and the Canadian Public Health Association.

Planning, monitoring and evaluation

38. The Social Services Division of the Ministry of National Development and Economic Planning co-ordinated the implementation of all UNICEF-supported programmes and played a leading role in programme development activities. The Ministry housed and also provided budgetary support to the National Council for Children, whose creation was inspired and initially funded by UNICEF in 1986.

Lessons learned

39. The substantial increase in popular demand for services was, for the most part, clearly the result of wider and more innovative social mobilization tactics, particularly enlisting the popular influence of the country's opinion leaders and launching competition schemes for both beneficiaries and service providers. In the many projects where programme management was decentralized, there was increased efficiency in service delivery, especially where appropriate policy guidelines and managerial skills training were incorporated. It was learned that cost recovery could succeed since people are willing to pay for drugs (and family and community ties provide a safety net for most indigents, provided there is effective community involvement in drugs management). Public response to preventative and promotional health activities such as EPI are greatest when these activities are combined with curative services. The Port Loko experimental work under Bamako Initiative principles vividly demonstrated how programme implementation could be accelerated by the application of careful planning (including baseline studies), prior training, attention to detail and clear definitions of roles, responsibilities and procedures.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1995

Recommended general resources: $6,250,000
Supplementary funds: $4,731,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health, nutrition and sanitation	2 607	3 075	5 682
Women in development	730	696	1 426
Basic education	603	400	1 003
Community organization and development	1 423	560	1 983
Planning	887	-	887
Total	6 250	4 731	10 981

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Programme development: goals and strategy

40. While there is a clear need to continue or even intensify existing Government/UNICEF efforts for child survival, programme experience also indicates the need for broadening present co-operative efforts in basic education, women's issues, planning and motivation for adopting CSD practices.

41. The new programme of co-operation has three basic components: a nation-wide core programme with projects in health, nutrition and sanitation; two programmes to strengthen societal responsibility in CSD (an area-based programme on women in development and a pilot programme in basic education); and two programmes to support the others by ensuring public participation in CSD (community organization and development) through social mobilization and by providing infrastructural control (social services planning, co-ordination, monitoring, evaluation and programme development).

42. The major goals are:

(a) To bring down high child and maternal mortality and morbidity rates to acceptable levels by 1995. The IMR will be reduced from its projected 153 per 1,000 live births in 1990 to 96 per 1,000 live births, U5MR from 240 to 173 per 1,000 live births and MMR from 700 to 490 per 100,000 live births;

(b) To create a permanent community structure through which motivated vulnerable groups can participate in social and economic development in general and CSDR in particular;

(c) To provide universal accessibility to MCH services by 1995;

(d) To design appropriate educational mechanisms to enable young school leavers to attain minimum life skills;

(e) To produce a model to reshape rural primary education to be more relevant to its environment;

(f) To define, provide means of measuring and advocate application of minimum quality of life standards for children and women.

43. Achievement of these health goals will place Sierra Leone more than half way along the road to "Health for all by the year 2000", by which time IMR is expected to be 50 per 1,000 live births, U5MR at 70 per 1,000 live births and MMR at 350 per 100,000 live births.

Improved health, nutrition and sanitation

44. The Ministry of Health PHC programme is now firmly reoriented towards the principles of the Bamako Initiative. An updated national PHC action plan and an accompanying PHC handbook were scheduled for completion in December 1989. Nation-wide PHC coverage is being phased in, district by district. By the end of 1990, seven of the country's 12 districts and the western area (containing Freetown) will have begun implementing PHC according to the Bamako Initiative strategy.

45. The MCH Division of the Ministry of Health is being strengthened to take direct responsibility for the co-ordination of the Ministry's EPI, CDD, nutrition and health education sections. The biweekly MCH programme meetings will lead to more effective planning and implementation of all MCH activities. Additional staff and new office premises are to be provided.

46. After strengthening existing primary health units through the provision of basic equipment and initial supply of essential drugs, other MCH components will be introduced gradually on a cost-sharing basis, beginning with growth monitoring and promotion and maternal care, followed by CDD, improved nutrition and child spacing. The three MCH components (EPI, essential drugs and water and environmental sanitation) that are already national in scale as well as the strong

logistics system established by the EPI and essential drugs programmes, provide a firm foundation on which to build the other components.

47. Specific objectives are to attain the following major health goals: to reduce by 90 per cent infant deaths caused by neonatal tetanus by 1995 from an estimated 28 per 1,000 live births in 1990; to reduce by 80 per cent deaths caused by other immunizable childhood diseases by 1995 from an estimated 16 per 1,000 live births in 1990; to reduce mild and moderate protein-energy malnutrition from the projected estimate of 24 per cent in 1990 to 18 per cent in 1995; to reduce by 25 per cent the prevalence of anaemia among women and children to 22 and 45 per cent, respectively; to reduce morbidity resulting from diarrhoeal diseases from the current estimated average of six bouts a year per child to four; to halve mortality resulting from diarrhoeal diseases among infants and children under five years of age to 1 and 2 per cent, respectively; and to reduce by 25 per cent infant and child deaths resulting from pneumonia, both currently estimated at 19 per 1,000 live births.

48. It is believed that effective community-based MCH interventions and improved district referral systems can significantly reduce deaths attributable to asphyxia, measles, tetanus, diarrhoea, pneumonia and malaria, thus resulting in rapid reductions in IMR and U5MR, since those are the major killers.

Expanded programme on immunization

49. The EPI coverage rate is expected to rise rapidly during the first half of 1990 as a result not only of the current social mobilization efforts (including the above-mentioned competition schemes), but also because of accelerated static and outreach services. These services have clearly identified target groups for each primary health unit of infants under one year of age and newborns, who are being continually registered at the community level.

50. It is expected that, by the end of 1990, a 75 per cent full immunization coverage rate of children under one year of age will be reached. Efforts to maintain that rate will focus on keeping the drop-out rate between the first and third doses of DPT and oral polio vaccines at or below 10 per cent. The programme will operate through static services at the 700 primary health units and at out-reach sessions arranged by the community at mosques, churches and other traditional meeting places. Women village leaders will be enlisted to complete tetanus toxoid vaccination as a pre-condition for initiation into women's secret societies. Relatively expensive mass vaccination campaigns will not be encouraged in normal circumstances.

51. The central and the three regional vehicle and equipment workshops will extend their services to other areas as these are gradually brought under MCH/PHC management. The registration of newborns by village volunteers will be sustained. The competition schemes that reward the best EPI performers will be refined and expanded to include volunteers and traditional leaders as key points for continued maintenance of a 75 per cent immunization rate.

Control of diarrhoeal diseases

52. By 1995, all 700 primary health units and 20 hospitals will be equipped with functioning ORT demonstration units.

53. Approximately 1,000 health workers and 1,000 teachers and social workers will receive training and orientation on ORT as an effective treatment for dehydration. Procedures will be developed to further strengthen ties with water and environmental sanitation activities in the field in order to promote the prevention of diarrhoeal diseases.

54. The home-based preparation of the sugar and salt solution will be promoted by MCH communications staff and TBAs wherever ingredients are reasonably available. Concurrently, an efficient ORS stock control and distribution system will be established in 1991 to ensure the ready availability of ORS in the event of an epidemic.

Maternal care

55. All of the 700 primary health units will be equipped for routine ante-natal and post-natal care, with an additional 300 MCH aides projected to be trained and posted by 1995. TBAs will be trained in safe delivery skills. MCH aides will be trained in the training and supervision of TBAs in 1990.

56. Each MCH aide and TBA will have a "mother's kit", a set of basic items needed for deliveries, available for pregnant women. MCH referral wards will be renovated and upgraded at each of the 12 district referral hospitals.

57. The Functional Literacy Development Centre will be responsible for developing appropriate training techniques and materials. Primarily visual materials will be provided for TBAs, most of whom are illiterate.

Nutrition and growth monitoring and promotion

58. Poor nutrition is a multifaceted problem that will be addressed in a number of ways. In health, nutrition and sanitation, for example, activities will be in two major areas: (a) educating and motivating the general public through health workers and workers of the Ministry of Agriculture, Natural Resources and Forestry and the Ministry of Rural Development, Social Services and Youth; and (b) establishing a permanent, functioning nutrition surveillance system.

59. The results of nutrition surveys, scheduled for October 1989 and May 1990, will be used to design preventive nutrition interventions.

60. Growth monitoring and promotion will be part of MCH services and an integral part of the community's planning process for health development activities.

61. More than 90 per cent of mothers breast-feed their children for at least one year. However, growth normally begins to falter after six months, when supplementary foods become essential. Included in the training for the entire

health staff and 1,500 community representatives (300 each year) are: proper weaning practices, anaemia prevention, the stimulation of local food production, processing and preservation, personal and home hygiene and growth monitoring techniques.

62. UNICEF will support the creation of a nutrition advisory mechanism at high technical and political levels so that nutrition and food security are prominent on the political agenda. This programme will provide 150,000 growth monitoring cards annually in conjunction with the "mother's kit" for pregnant women.

Essential drugs

63. The essential drugs programme has a well-established logistics system in most parts of the country. By 1990, it will have been installed in all 12 districts and the western area, with well-secured stores and an improved distribution system.

64. Essential drugs activities during the next five to six years will focus on improving pricing policies, accounting and management procedures and on training and close monitoring. Implementation of a nation-wide, gradually increasing mark-up has received no major resistance since 1986, and the Government plans to expand this policy in line with the principles of the Bamako Initiative. Training and supervision on the rational use of drugs will become important aspects of the project in order to prevent possible abuses such as over-prescription. The increasing mark-ups are expected to generate sufficient revenue to subsidize costs to indigents and finance other MCH/PHC interventions locally, beginning with community-based child growth promotion and monitoring.

Water and environmental sanitation

65. Responding to strong advocacy by UNICEF, all major donors contributing to water supply construction during the past decade now include environmental sanitation practices as an essential part of successful water supply development programming. This has enabled UNICEF to concentrate on supporting the national Environmental Sanitation Secretariat in developing appropriate educational materials and in testing them in two model districts. The focus on appropriate methodology to promote environmental sanitation will continue.

66. The use of ventilated improved pit latrines will be further promoted. Construction will use local materials at all primary health units, selected schools and households within the model districts. Water quality control analysis will continue to identify and protect water sources.

Health programme information

67. All professional staff of the Planning, Management Information and Statistics Unit will receive further in-service training in data collection and analysis, survey methodology and micro-computer use. Baseline surveys of health problems, including U5MR and IMR, and the state of health services will be undertaken in each district prior to the introduction of PHC activities.

68. The existing sentinel surveillance system, currently monitoring three EPI diseases, will be strengthened and expanded to provide surveillance of other diseases, nutritional status and the rational use of drugs. The system will provide a continuous flow of data to monitor programme implementation and impact.

69. The Planning, Management Information and Statistics Unit will also be strengthened by decentralizing functions to the regions and districts and by the generation of additional funds from district- and peripheral-level activities in the essential drugs cost-sharing system.

Other health interventions

70. Guinea worm, iodine deficiency disorder and vitamin A deficiency do not generally occur in Sierra Leone. However, studies and appropriate activities will be organized to determine their prevalence, and appropriate actions taken to isolate and control problems where they do occur. While acquired immunodeficiency syndrome (AIDS) has not yet influenced child mortality, the Ministry of Health and WHO will closely monitor its prevalence, and UNICEF will support public education through the social mobilization network it is helping the Government to develop.

Women in development

71. In this rural integrated programme, a wide variety of project activities will focus on women's low social and economic status and their health hazards, ignorance and illiteracy, heavy work-load, low productivity and food security. A team of social development workers, MCH aides and agricultural extension agents will be assigned to 14 sections (the lowest level of Government) in two chiefdoms in Port Loko and Moyamba districts. Healthful practices, especially in nutrition-related matters such as appropriate weaning, will be intensively promoted. Credit schemes will be developed to assist in the development of income-generating activities.

72. Working closely with the section leadership, the team will organize and teach groups of women attached to communal one-acre demonstration fields the appropriate technology for food production, storage and processing, income generation, literacy and early childhood development. Among other things, rural crèches will be promoted as a means of reducing women's work-load. These activities will serve 210 villages, involving 24,000 women and 16,500 children under five years of age. The national management committee of this programme includes representatives of the Ministry of National Development and Economic Planning and the Ministries of Rural Development, Social Services and Youth, of Agriculture, Natural Resources and Forestry, of Health and of Education, Cultural Affairs and Sports.

Basic education

73. The education programme will develop appropriate models through which children in and out of school can acquire employable skills and learn how to cope better with life's realities.

74. The programme will also work closely with 20 communities in the same chiefdoms served by the women in development programmes to develop their schools to

operational standards deemed minimally essential for effective learning. This will include the construction or rehabilitation of facilities, equipment and training. In the process, methods will be developed to calculate the cost of raising schools to these standards and to measure fulfilment of those conditions. The World Food Programme (WFP) will provide food for school feeding and for work. Project activity will reflect the long experience gained in Bunumbu, where UNESCO has supported pilot work in developing curricula, teacher profiles and community relations.

75. The programme will also work in the same areas to produce educational models that provide opportunities for early school leavers to complete their primary education out of school and at their own convenience. Modular teaching and learning materials will be developed, tested and used for these groups of young school leavers. Tutors for these groups will be recruited by the Primary Unit of the Ministry of Education, Cultural Affairs and Sports from among newly trained teachers. On completion of a course - the length of which will be determined as the overall programme is developed - participating pupils will be eligible for the same qualification certificate as their counterparts in the formal primary system.

76. The results of this programme experience will be widely disseminated to contribute to basic education policy discussions.

77. The recently formulated National Action Plan for Basic Education incorporates the above-mentioned project activities. The newly created national task force for the promotion of "basic education for all by the year 2000" will be involved in monitoring the programme.

Community organization and development

78. The major aim is to introduce community structures that will foster understanding of the benefits of participation in development, particularly in CSD. This will be achieved by activating the extraordinary communicating power that opinion leaders (and opinion makers) in all walks of life can have in informing parents about CSD interventions and persuading more of them to use the services offered. The case of Sierra Leone - with its lack of mass media and national development communications structure - makes that approach necessary, and it has thus far proved effective. Among the principal groups already at work are parliamentarians, Muslim leaders and indigenous entertainers.

79. The National Council for Social Mobilization, whose secretariat is to be created by the Social Services Division of the Ministry of National Development and Economic Planning in 1990, will utilize the resources of the Government, universities and NGOs. The Council will be assisted by the Functional Literacy Development Centre of the Institute of Adult Education and Extramural Studies. Sectoral ministries will advise the Council and Centre in determining priorities and messages in which themes from Facts for Life are expected to feature prominently.

80. These community organization and development efforts will be intensified in the women in development programme areas and material support will be provided to

facilitate their application, for example, in appropriate child-care activities and the preparation of suitable weaning foods.

81. The focal points for social mobilization in the field will be the 14 newly appointed district social mobilization co-ordinators and the 180 community motivators currently being recruited. Introduction of community management of health on a PHC cost-sharing basis will be one of the most important assignments of these programme workers. The National Council for Children and the Parliamentarian Action Group on Child Survival will receive assistance to continue their advocacy activities related to child rights and other legal issues affecting children.

82. The Institute of Education will continue to prepare health and physical education materials for the dissemination of CSDR messages through the primary school curriculum, until teacher and learner materials are ready for large-scale reproduction and dissemination.

Social services planning, co-ordination, monitoring, evaluation and programme development

83. A major activity will be to design an appropriate system for monitoring the quality of life of Sierra Leonean children and women, using social development indicators compiled in 1987. At the beginning of the programme cycle, a special survey will be undertaken to determine current IMR and U5MR.

84. National project managers will continue to make quarterly reports of project implementation for presentation at quarterly programme review meetings. Joint Ministry of National Development and Economic Planning/UNICEF visits to each project will be organized at least once a year. Each programme will also be the subject of two external evaluations in 1993 prior to the mid-term review and at the end of the programme cycle in 1995. They are to be organized by Ministry of National Development and Economic Planning, and will involve both local and international consultants.

85. In line with the government policy of decentralizing planning, personnel in planning units at regional and district levels, as well as in sectoral ministries, will be trained in planning principles. Regional planning officers of the Ministry of National Development and Economic Planning will serve as focal points to gather and consolidate district plans and to monitor and co-ordinate programme implementation.

86. An urban community with about 10,000 people will be the site for operational research with a view to developing a workable model for possible expansion of an urban programme during the next programme cycle.

Collaboration with other partners

87. Every programme in this proposed programme of co-operation includes important contributions from other agencies. Collaboration with NGOs is already comprehensive and well-established. Many are active in health delivery facilities. Religious missions and mining companies account for 50 per cent of the

hospitals and 30 per cent of the primary health units, mostly in rural areas. All of them participate fully in UNICEF-supported national health programmes, particularly in its EPI and essential drugs components.

88. Programme co-operation will involve collaboration with the United Nations Development Programme (UNDP) (for planning and environmental sanitation); WHO (all health matters, including AIDS); WFP (food for school feeding, support for community construction of facilities for the health and education project, and community social mobilization orientation sessions); UNESCO (basic education pilot project and co-ordination with the health and physical education project through its national dissemination project); the United Nations Population Fund (UNFPA) (health, nutrition and community organization), the African Development Bank, the United Nations Industrial Development Organization (UNIDO), and the World Bank (the income-generating component of the women in development programme); and the Food and Agriculture Organization of the United Nations (FAO) (the women in development project).

89. The United Nations Capital Development Fund, the German Agency for Technical Co-operation, Cooperative for American Relief Everywhere, Inc. (CARE) as well as various NGOs, are assisting with the environmental sanitation, health, nutrition and community organization aspects of the programme. The United Nations Volunteers (UNV), the Peace Corps (United States) and Voluntary Services Organization have also provided volunteers to all five programmes.

Funding strategy

90. The programme will require relatively substantial external input during the first three years, particularly in health and community organization. Donor contributions, however, are expected to decrease progressively as the initial training and upgrading of MCH infrastructures are completed. Also, the community share of financing recurrent costs will increase each year as mark-ups are raised and the efficiency of the cost-sharing system improves.

91. General resources will be used to support national-level PHC co-ordination, MCH activities in five districts and the provision of essential inputs such as vaccines. Supplementary funding is sought to finance MCH activities in the seven other districts and the western area.

92. In the areas of women in development and basic education, general resources will assure the comprehensive development of services in Port Loko district, with supplementary funds for Moyamba. The provision for community organization and development will be included in each of the three supplementary funding project proposals.

SIERRA LEONE

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	266	(1988)	Very high U5MR
Infant mortality rate	153	(1988)	Very high IMR
GNP per capita	$300	(1987)	Low GNP
Total population	4 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	130	159	178	191
Infant deaths (under 1)	(thousands)	26	27	28	29
Under-five deaths	(thousands)	45	48	49	51
Under-five mortality rate (per 1,000 live births)		345	300	278	266
Infant mortality rate (under 1) (per 1,000 live births)		198	172	160	153

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1978)	Moderate & severe	23	..
	Severe	3	..
Babies with low birth weight (%, 1978/1984)		16	17*
Children completing primary level (% of first grade, 1976)		48*	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1988)		98*/../..	99*/98*/92*
Prevalence of wasting (%, 1980/1985)		14	..
Prevalence of stunting (%, 1980/1985)		46	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		89	81
Food production per capita index (Index 1979-1981=100, 1980/1988)		101	89
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..	47/18

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			11
Access to health services (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1986)	Total	14	25
	Urban/rural	50/2	68/7
Access to adequate sanitation (% of population, 1980/1986)	Total	12	25
	Urban/rural	31/6	60/10
Births attended by trained personnel (%, 1984)		..	25 ..
Maternal mortality rate (per 100,000 live births, 1986)		..	450

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	55	..	73	73
	DPT	15	..	30	25
	Polio	13	..	30	25
	Measles	28	..	50	38
Pregnant women (%) immunized against	Tetanus	10	..	59	50

SIERRA LEONE

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	266	(1988)	Very high U5MR
Infant mortality rate	153	(1988)	Very high IMR
GNP per capita	$300	(1987)	Low GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	54/..	58/..
(%, 1980/1987)	Male	64/..	68/..
	Female	45/..	48/..
Secondary enrolment ratio (gross/net)	Total	14/..	17/..
(%, 1980/1987)	Male	20/..	23/..
	Female	8/..	11/..
Adult literacy rate, 15 years & older	Total	13	30
(%, 1970/1985)	Male/female	18/8	38/21
Radio/television sets (per 1,000 population, 1980/1987)		138/6	216/8

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	2.7	3.3	3.7	3.9	5.4
Population aged 0-15 years	(millions)	..	1.5	1.7	1.8	2.5
Population aged 0-4 years	(millions)	..	0.6	0.7	0.7	1.0
Urban population (% of total)		18	25	28	31	40
Life expectancy at births (years)	Total	34	38	40	41	46
	Male/female	34/36	36/40	38/42	40/43	44/48
Total fertility rate		6.5	6.5	6.5	6.5	6.1
Crude birth rate (per 1,000 population)		49	48	48	48	45
Crude death rate (per 1,000 population)		30	26	24	23	19

		About 1980	Most recent
Contraceptive prevalence rate (%, 1985)		..	4*
Population annual growth rate	Total	2.0	2.4
(%, 1965-1980/1980-1988)	Urban	4.3	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1987)		0.7	-2.0
Inflation rate (%, 1965-1980/1980-1987)		8	50
Population in absolute poverty (%, 1979)	Urban/rural	../65	../..
Household income share (%)	Top 20%/bottom 40%	.. /..	../..
Government expenditure	Health/education	5/13	8/16
(% of total expenditure, 1979/1984)	Defence	4	4
Household expenditure (% of total income, 1980-1985)	Health/education		2/ 1
Official development assistance:	US$ millions	91	68
(1980/1987)	As % of GNP	9	7
Debt service (% of goods & services exports, 1980/1986)		14	10

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: SIERRA LEONE
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $4,456,000 a/

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	652	351	34	125	322	609	390	1118	1399	2203	3602
Water supply and sanitation	194	75	23	6		92	63	12	280	185	465
Nutrition			11				21		32		32
Education	20		6				15		41		41
Community organization and development	43		15				36		94		94
Women-centred programme	44						65		109		109
Emergency	21		8			3	8		37	3	40
Planning and project support	150	16	5		171	7	171	2	498	25	523
Freight	222	45							222	45	267
GRAND TOTAL	1346	487	102	131	493	710	770	1133	2711	2461	5172

GR = General resources.
SF = Supplementary funding.
a/ This amount was approved for 1986-1990.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: SIERRA LEONE Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health							
MCH integrated services	GR	543	546	494	420	394	2397
	NSF		977	775	679	465	2896
	USF	2990	829	315			4134
Water supply and sanitation	GR	35	38	20	18	15	126
	NSF			30	28	29	87
	USF	47	30				77
Strengthening institutional	GR	22	16	18	12	16	84
	NSF			30	26	36	92
	USF	65	39	10			114
Subtotal, health	GR	600	600	532	450	425	2607
	NSF		977	835	733	530	3075
	USF	3102	898	325			4325
Education	GR	120	120	120	123	120	603
	NSF	80	80	80	80	80	400
Community organization and development	GR	225	225	273	360	340	1423
	NSF	40	40	40	230	210	560
	USF	385	385	240			1010
Women-centred programme	GR	130	130	150	130	190	730
	NSF	127	130	174	214	51	696
Planning and project support	GR	175	175	175	187	175	887
TOTAL	GR	1250	1250	1250	1250	1250	6250
	NSF	247	1227	1129	1257	871	4731
	USF	3487	1283	565			5335
GRAND TOTAL		4984	3760	2944	2507	2121	16316

GR = General resources.
NSF = New supplementary funding.
USF = Unfunded supplementary funding .

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SIERRA LEONE	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	3	605
Local national Professional and General Service established posts	6	207
Operating costs		372
Total	9	1184
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	166
Supplementary funds	3	515
Local national Professional and General Service project posts		
General resources	16	537
Supplementary funds	16	505
Total	36	1723

a/ For information source, see 1990 post authorization table, revised October 1989.

Annex

SELECTED LIST OF STUDIES AND EVALUATIONS

Expanded programme on immunization

1. Government of Sierra Leone/WHO/UNICEF/Rotary International. National EPI coverage evaluation survey, 1986.

2. Government of Sierra Leone/UNICEF/Government of Italy. EPI programme evaluation, 1988.

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